

CHAPTER I

NEIGHBORHOOD DEVELOPMENT PROJECT ADMINISTRATION

Introduction

This manual covers information necessary for the administration of CDBG neighborhood development housing projects. These projects fall into two categories: target area and demolition only. This manual is a supplement to the general CDBG Administrative Manual, and grantees should ensure that they have a copy of both manuals before initiating their project. **Activities that are covered in this manual include those required to implement housing rehabilitation, demolition, supportive services, acquisition and relocation, and housing down payment assistance.** Target area projects that include public facilities must refer to the general CDBG Administrative Manual for the guidelines to implement those public facility activities.

General Administration

In addition to the responsibilities as set out in Chapter I of the general CDBG Administrative Manual, project administrators of neighborhood development projects are required to:

- Administer a large number of housing rehabilitation contracts
- Administer demolition and asbestos removal contracts
- Assist with the procurement and contract management activities of rehabilitation, demolition, and additional professional service contracts. The additional contracts may include: a housing rehabilitation inspector, demolition inspector, a licensed lead-based paint risk assessor, a licensed asbestos inspector, a licensed lead-based paint contractor, a licensed asbestos removal contractor,.

Responsibility for Managing the Housing Inspector:

Because there is no professional services organization or regulation of housing inspectors in Missouri, the grantee and administrator must carefully manage the work duties of its housing inspector to ensure that the provisions in their inspection contract are met to the satisfaction of all parties, whether the party is the grantee, rehab contractor, demolition contractor, property owner, lead risk assessor, or asbestos inspector, or asbestos contractor.

The Grantee and Project Administrator should be ready to:

- Enforce the provisions of the housing inspector's contract to ensure adequate rehab or demolition contractor work over-sight, work specification collaboration with the licensed

lead risk assessor or licensed asbestos inspector, or, professional relations with the property owner.

- Conduct site visits with the inspector to ensure timely and quality inspections.
- Review rehab and demolition specifications to assure clarity and detail.
- Be present during the pre-bid and pre-construction meetings to ensure that expectations of all parties are incorporated in the rehab contract provisions.
- Remedy any conflicts that exist between the homeowner and the rehabilitation inspector.
- Although the administrator may not be responsible for writing contract provisions, the administrator is responsible for reviewing them to ensure that they are accurate, detailed, and meet the expectation of all persons involved in each rehab or demolition contract.
- Ensure 100% completion of the rehab work at each inspection prior to submitting a contractor's pay requests to a grantee for approval for payment.
- ★ **Best Practice:** The administrator and housing inspector must have separate contracts for each professional service even if the grantee is using the same firm or person to provide both professional services.

Responsibility for Managing the Lead Risk Assessor:

The Missouri Department of Health and Senior Services (DHSS) oversees the licensing and work standard requirements of lead-based paint risk assessors, workers, supervisors, and contractors.

The grantee and administrator are responsible for ensuring that:

- The requisite Lead-Based Paint brochure and final lead risk assessment report, inclusive of the clearance test results are provided to both the owners and occupants (tenants) of all rehabilitated houses.
- The risk assessor is currently licensed by the DHSS.
- DHSS' lead clearance standards are met for all lead-based paint reduction activities.
- The housing rehab inspection is conducted first, and then, the inspector's housing rehab work specifications are provided to the lead risk assessor to conduct the risk assessment.
- The housing inspector and the lead-based paint risk assessor collaborate to develop the rehabilitation work specifications.
- All rehab contractors and their employees have the HUD Lead Safe Work Practices Certificate, which is a one-day training.
- The rehab contractors coordinate their work to complete the rehab work and lead-based paint reduction activities within the contract period so that the project does not get behind the grantee's project milestone schedule.

- ★ **Best Practice:** If possible, the housing inspector and lead risk assessor should be the same person. This will eliminate problems with coordinating lead reduction and rehabilitation work activities. Additionally, lead specifications can easily be incorporated into the housing rehabilitation work write-ups to ensure that rehabilitation activities are accomplished in a lead-safe manner. Lead Risk Assessors that are hired independent of a rehab inspector do not always prioritize their work for your rehabilitation project. In some cases, they may slow down your rehabilitation project by not scheduling the their risk assessments and clearance testing with the scheduling of the rehabilitation work.

Construction Contract Reporting and Accounting:

Neighborhood Development administrators must be able to account for and manage a large number of rehabilitation construction contracts at various stages of completion and activities, i.e., housing rehabilitation, demolition, substantial reconstruction, homeownership assistance, lead-based paint reduction activities, asbestos removal, relocation assistance, and acquisition activities.

Administrative duties include:

- Tracking various sources of project funding with ledgers, logs, and other records
- Completing all compliance terms of the administration contract
- Complying with project reporting requirements
- Completing a Housing Project Log form (Exhibit 1), which must be used to tract the progress of your project and to provide beneficiary and costs data

The Project Log form allows the grantee to record beneficiary data for each house in your project on one form. The data is required for our office to report to HUD. The log form allows the grantee to maintain the following information: the number of persons and households benefiting from the project's housing activities, financial information on the sources and uses of funds for each project, contract management tracking information, unfunded applicant information, and the totals for each activity. You can use the data to facilitate the completion of the closeout report. Data can also be used to track and report obligated and expended funds.

- ★ **Best Practice:** The Project Log form is available from our office on disk or by e-mail, in a Microsoft Excel format. The project log form can be e-mailed back to the department to meet performance-reporting requirements. Financial data on the log form can be used to compile data on house-specific financial ledgers, eliminating the need for a program activity ledger sheet that would include housing activities. Beneficiary data can also be accessed for project monitoring purposes. Please call our CDBG Information Specialist, Angela Bayne at 573/751-3600 or e-mail angela.bayne@ded.mo.gov to request the log form in Excel.

Preparing Housing Program Guidelines

Either at the application stage or before the start of any grant activity, all grantees are required to formally adopt a set of **local program guidelines** that provides the eligibility requirements of your program, the process for residents to apply for rehabilitation or demolition assistance, the priorities for awarding housing rehabilitation grants to applicants, and the procedures and rules by which grants are managed by the grantee's housing board.

Local program guidelines must:

- be governed by a housing board, the council may serve as the board;
- ensure fair and equal treatment of all parties;
- explain your program to homeowners and rental property owners; and,
- provide a framework for conflict resolution and processing any grievances.

A sample for a grantee's housing program guidelines is found in Exhibit 2. Some elements of the program guidelines are required by the department, as listed below:

1) Housing or Project Eligibility Requirements:

Grantees must clearly explain the eligibility requirements for receiving assistance. Eligibility is based on the rehab applicant submitting household income documentation to show that they qualify under their county's LMI-income guidelines. Additional, but not required, qualifying factors may be based on the applicant's residence being located in the project's target area, tenure, type of structure, current on payment of local taxes, utilities, and fees, or other factors identified by the grantee in its application and housing rehabilitation guidelines.

2) Client Selection Criteria/Waiting List Procedures:

Grantees must establish a policy on the order in which households applying for rehab assistance will be selected. The policy may be "first come, first served," or a grantee may establish a priority system for ranking applications. The priority factors must be listed in the guidelines. The selection policy must provide for a timely response to applicants by the grantee following the receipt of a property owner's application and income verification documentation. A policy must also be established for applicants who reside outside of the target area. In the adopted guidelines, it should state if and when those applications will be accepted, the submission and selection process, and any priority rating factors.

3) Financial Assistance: Grants or Loans & Repayment Conditions and Exceptions:

Grantees should clearly describe the type(s) of housing assistance offered through the local program including the requirement of supportive services. This description of the grant or loan assistance must include any terms and conditions attached to the assistance such as, prorated forgivable grant repayment terms, due-on-sale provisions within a specified amount of years, e.g., 3, 4, or a 5-year period (and repayment exceptions), annual fair market rent

limitations (FMR) on rental property, matching funds requirements, policy regarding down payment assistance, etc.

★ **Best Practice: Repayment Provisions, Guidelines, Agreements & Exceptions:**

Grantees are strongly encouraged not to provide grants to property owners without a legal agreement with the property owner that restricts the resale of the dwelling for a period of time. Most grantees limit the resale to a 3 to 5-year period with an equal percentage of the rehab costs forgiven each year. Without such an agreement, a property owner can re-sell their property immediately after the rehabilitation and realized the appreciated value of the CDBG rehab work. We want to discourage this form of speculation and misuse of the CDBG program funds. The resale restriction may take the form of a repayment clause/provision in the grantee's rehabilitation contract with the property owner, or it may be recorded as a lien on their deed at the office of the County Recorder to better ensure the enforcement of the repayment.

Exceptions to the Repayment of Rehab Costs: Grantees must also adopt a repayment policy in their housing guidelines. The policy should include an itemize list of exceptions to the repayment policy. The purpose of the exceptions is to allow the grantee to forgive the repayment where the circumstances show the owner is not trying to intentionally take advantage of the program. Circumstances such as death or a job transfer, which are unexpected or beyond the control of the homeowner, are exceptions that grantees have listed as well as allowing for the review of other circumstances on a case-by-case basis.

4) **Income Verification and Eligibility Standards:**

Grantees must establish procedures for determining the eligibility of applicants for assistance. This includes procedures for the verification of client information, such as household income and property ownership.

5) **Maximum and Minimum Amounts of Assistance:**

Grantees must state the maximum amount of CDBG funds that may be committed to a rehab based on the HQS deficiencies at that home and our rehab and lead cost limits.

6) **Standard for Improvement:**

All rehabilitation must be done in conformance with DED's HQS and local codes (See Chapter III HQS). Within those parameters, grantees may adopt additional work items in their guidelines in order to require those items be addressed under their rehabilitation program after HQS and code items are addressed. The grantee must identify all rehabilitation standards for improvement in their rehab program guidelines.

7) **"Walk-Away" Policy:**

Grantees shall establish a policy and procedures for handling rehabilitation projects that, due to excessive rehabilitation cost, cannot be undertaken by your rehab program. This procedure must provide for the timely notification to the property owner of the program's inability to provide assistance based on the rehabilitation inspector's cost estimate or the actual bid amounts. However, the property owner may seek and deposit other sources of funds with the grantee, above the program's cost limits, to overcome the walk-away policy.

8) Contractor Qualification Requirements:

Grantees must identify any requirements local contractors must meet in order to participate in the program. This must include job references, a debar check, a certificate of good standing to do business in Missouri, proof of worker's compensation insurance and describe the program's MBE/WBE/Section 3 requirements. The grantee may include additional requirements such as the submission of a letter of credit or other insurance requirements.

9) Procurement:

Grantees must establish clear and consistent policies and procedures for the procurement of private contractors. This policy shall clearly state how the grantee procures rehabilitation contractors, and how a property owner may select a contractor (See Chapter VIII for a complete discussion on this issue). The policy must also ensure that bids are publicly received from at least three contractors and compared on an equal basis. The policy should also provide for the selection of a contractor based on receipt of less than three bids and even a single bid if those bids are within 10% of the grantee's rehab inspector's cost estimate. The inspector is required to develop a cost estimate for each house prior to the bid. A grantee's procurement policy should allow for the award of a contract to the second lowest bidder if the lowest bidder has more than X amount of houses under contract that are not completed. The grantee will have to specify the number of incomplete houses in their housing rehabilitation procurement policy.

10) Use of Owner-Contractors:

Grantees should establish a policy regarding the involvement of owners in doing all or a portion of the rehabilitation work on their properties. This policy should include if and when the use of an owner-contractor is permitted, and how funds will be disbursed to pay for materials after the work is completed. The owner's labor (sweat equity) is **not** reimbursable with CDBG funds; only their documented material expenses are reimbursable. The grantee must receive a bid from the owner's contractor. A contract must not be signed unless the bid is within 10% of the rehab inspector's cost estimate. However, a contract may be signed for an amount higher than the inspector's cost estimate if the owner deposits the amount in excess of the inspector's estimate in the grantee's escrow account to pay the difference. **Please Note: HUD requires all owners and their subcontractors to have the HUD Lead Safe Work Practices Certificate prior to the start of the rehab work on their property.**

11) Rehab Construction Management:

Grantees must establish policies on the management of rehab construction. This includes policies on the length of the construction period, approval of change orders, use of matching funds, and timing of inspections.

12) Disbursement of Funds:

Grantees should establish procedures for the disbursement of funds to contractors. These procedures must include a description of any provisions for partial payments or retained funds and must identify the documentation required for payment to the contractor. This must include the receipt of lien waivers from the contractor and the signature of the property owner and inspector on the rehab certificate of completion. **It is strongly recommended**

that lien waivers be received by the grantee from the contractor prior to the grantee's approval of each and every payment.

13) Division of Administrative Responsibility:

Grantees should clearly describe the roles and responsibilities of all parties involved in the rehabilitation process. This includes identifying primary and support responsibilities for administration, inspections, lead risk assessments and clearance tests, rehab construction management and the disbursement of funds.

14) Project's Local Governing Board:

The grantee must create a local project governing board, and the role of that board shall be clearly defined in the grantee's adopted guidelines. The board should provide a process for resolving grievances and should assist the governing body in approving contracts. The board should also be instrumental in writing their guidelines. (See Exhibit 2 for sample guidelines and Exhibit 3 for an example of an ordinance establishing the board.) The grantee's council or commission may serve as their project's governing board.

15) Conflict Resolution:

Grantees must establish procedures for the resolution of conflicts between the owner, contractor, housing inspector, administrator, and any other involved parties. The procedures should state the process for resolving disputes and a written grievance process. It may include resolution by the local project board or arbitration by a neutral party. The procedures must include a final appeal to the governing body. The procedure should also include provisions for the review of acquisition and relocation appeals, as required by the Uniform Relocation and Real Property Acquisition for Federal and Federally-Assisted Programs Act.

16) Lead Based Paint Compliance:

Grantees must establish procedures for ensuring lead risk assessments and lead-based paint hazard reduction activities. Grantees must ensure that all contractors have the HUD Lead Safe Work Practices Certificate or are licensed by the Missouri Department of Health and Senior Services Lead Bureau as a lead worker, supervisor, or contractor. This should include a policy for temporarily relocating tenants, if necessary, during lead reduction work activities. A process should also be established to counsel occupants on the management of lead surfaces not considered immediate hazards.

17) Supportive Services:

Your project guidelines must establish the method and procedures for providing and documenting the provision and receipt of supportive services. Determine if the services are to be provided one-on-one or through classes or a seminar. Attendance of the required home maintenance and financial counseling supportive service classes for the rehabilitation household beneficiaries must be documented by the grantee with the signature of at least one rehab beneficiary for each dwelling that receives rehabilitation assistance.

18) Manufactured Homes:

HUD regulations prohibit the rehabilitation of manufactured homes made prior to June 15, 1976. In conformity with this policy, the state CDBG program prohibits the rehabilitation of any pre-1977 manufactured home, which means any mobile home manufactured prior to January 1, 1997. Grantees must adopt this policy in their housing rehabilitation guidelines. The state CDBG program will allow for the replacement, but not the rehabilitation, of pre-1977 manufactured homes. However, grantees must follow the acquisition and relocation procedures of the Uniform Act when replacing a pre-1977 manufactured home.

Troubleshooting Local Program Design

★ **Best Practice:** Housing rehabilitation grantees have a degree of discretion in formulating local guidelines and procedures. There are several areas related to local program design and implementation that have proven to be confusing or troublesome for previous housing rehabilitation grantees. Below are some **Best Practices** to address some of these troublesome program issues:

- 1) Owner-Contractors - Allowing owners to perform their own work is a way to lower rehabilitation costs. However, depending on the skill level and commitment of the owner, serious work quality problems and work completion delays may occur. Grantees should have a policy that: a) carefully screens potential owners-contractors for skills in particular trades; b) enforces time limits on the work; and c) reimburses only for materials only after the material is installed, inspected, and supported with a paid invoice. Incorporate these policies into your contract with the owner and your adopted guidelines. **Please Note: HUD requires all owners-contractors and their subcontractors to have the HUD Lead Safe Work Practices Certificate prior to the start of the rehab work on their property.**
- 2) Manufactured Homes – Pre-1977 manufactured homes **are not** eligible for rehabilitation assistance under the CDBG program. The rehabilitation of pre-1977 manufactured homes with CDBG funds is strictly prohibited. If it occurs, that expenditure of CDBG funds will be deemed an ineligible program expense and the grantee will be required to reimburse the state's CDBG Program. However, manufactured home produced after January 1, 1977, may be rehabilitated with CDBG funds. Before or after the rehab, it must be permanently affixed to a lot.
- 3) Hazard insurance on assisted properties - State or federal laws or regulations do not require hazard insurance. However, the department recommends that owners be required to obtain such insurance as a condition for assistance. The purpose is to protect the investment of public funds. Please note that HUD regulation (570.202(b)(7ii) identifies hazard insurance premiums as an eligible rehabilitation cost.
- 4) Retainage of Funds - To ensure quality work, the department suggests that grantees consider retaining 10% of the rehab, demolition, or public facility contract funds for 30 days after the certificate of completion is signed. The retained amount will provide an incentive for contractors to complete all items satisfactorily and respond quickly to callbacks.

- 5) Contracts for Deeds - Homes being purchased under a land contract (contracts for deed) can be made eligible for rehabilitation assistance (See Exhibit 2 for the definition of a land sales contract) by one of several measures:

Convince the title-holder (seller) to convert the land contract into a first mortgage with the occupant (buyer). If homeownership is the project activity, CDBG funds may be used for this purpose;

Have the seller sign the mortgage and promissory note and the buyer sign an agreement to assume the mortgage when the title is transferred;

Have the buyer sign the mortgage and promissory note and the seller sign an agreement to assume the liability if the buyer defaults on the land contract;

Include a 90-day right of redemption clause in the contract for deed.

Applicability of Other CDBG Regulations

Citizen Participation requirements are identical to those as required in Chapter II of the general CDBG Administrative Manual with a couple of notable exceptions. To be successful, grantees must make an extra effort to involve citizens in all stages of the process from application preparation to the completion of rehab construction activities. Since housing programs work on private property, those private owners must participate in the process. Grantees are expected to meet with the residents of the target area shortly after grant award to gain the participation of property owners and to gather input to help establish or revise program guidelines. Various methods can be used to achieve this purpose including:

- Hold a meeting or series of meetings to explain your program guidelines;
- Go door-to-door to explain your program guidelines;
- Use a newspaper advertisement or leaflets to publicize your program;
- Contact local neighborhood organizations or other not-for-profit organizations to assist you in getting the word out or in helping to implement various parts of the program.
- ★ **Best Practice:** Use the initial meeting and door-to-door contacts to determine the need for certain types of supportive services or to provide supportive services, such as homeownership counseling.

A part of meeting the citizen participation requirements of your program is to respond and resolve complaints from program participants expediently. The grantee should ensure that its program guidelines contain a grievance procedure for ensuring that this is accomplished. For homeowners who refuse to sign a certificate of completion for their project, you will find a procedure in Chapter 4 for managing that matter. Grantees are expected to comply with their adopted grievance procedures before appeals to any higher authority will be considered.

Environmental Review procedures are the same as those stated in Chapter IV of the 2005 CDBG Administrative Manual. Historic Preservation is generally the topic which requires the most time and effort to complete at the beginning of and during a project. Grantees are urged to

get their historic preservation documentation processed in order to receive a SHPO clearance letter, and thereby, ensure a timely release of funds from our office.

Procedures have been developed for SHPO review of Neighborhood Development projects. For those projects, the grantee should photograph each structure in the target area, then label and key the photographs to a project map, include the address of each structure. If there is the potential for a historic district or individual eligibility to the National Register of Historic Places, a completed Section 106 Property Information Form will be requested by the Historic Preservation Program (HPP). If no part of the target area qualifies as a historic district and there are no individually eligible structures, the entire project should be cleared with one letter.

If it appears a district may be present or one or more structures are individually eligible, SHPO will request more information.

For the following reasons, Neighborhood Development projects should never be categorically excluded:

- 1) Demolition activities are never categorically excluded;
- 2) Many housing rehabilitation and demolition projects involve lead reduction or asbestos abatement activities that cannot be categorically excluded;

Neighborhood development projects sometimes have changes in the target area project, size of the project, the types of activities, or add activities outside of the target area that requires an additional SHPO clearance and environmental assessment.

Generally, a Grantee must do the following:

- 1) Complete and submit an Environmental Assessment to our office, not just the checklist review.
- 2) Receive an Environmental Assessment Review letter from Jo Ann Dent.
- 3) After receipt of SHPO clearance letter and/or any other applicable agency review letters, publish the Combined Notice and observe the 15-day local comment period. If written comment is received, address that person's concern in writing and copy our office.
- 4) Submit Request for Release of Funds and Certification, affidavit of publication of Combined Notice, and the SHPO clearance to our office. The SHPO clearance letter must contain itemized addresses of each property that was cleared.
- 5) Upon receipt by our office, the 15-day State comment period will commence.
- 6) The Notice of Removal of Grant Conditions will be issued from our office at the end of the state comment period.

Labor Standards only apply to the public facility activities in a CDBG target area neighborhood development project, unless that work is done with the grantee's in-kind resources. Demolition activities are not subject to the prevailing wage requirements, whether it is a target-area or demolition-only project.

Demolition: Demolition work, which is not directly related to a subsequent construction, is not subject to the prevailing wage requirements of DBRA. For example, the demolition of a building because it has been determined obsolete or blighted would not be considered a construction activity subject to the prevailing wage rates (DBRA). However, where an existing building is being demolished as a phase of a construction project that is subject to DBRA, the demolition would also be subject to the requirements of the DBRA.

Contractor Verification Check: Prior to the award of the construction contract, including housing rehabilitation work, contact your Field Representative to verify that the name of the proposed contractor(s) is not included on the U.S. General Services Administration's List of Parties Excluded from Federal Procurement or Non-Procurement Programs, and HUD's Limited Denial of Participation List. Failure to confirm this information could result in very expensive consequences if the contractor does appear on one or both of the lists.

Again, make the following three checks on all rehabilitation and demolition contractors through your CDBG Field/Compliance Representative:

- 1) Check the contractor's business name to make sure they are registered with the Missouri Secretary of State. Check with the Secretary of State's office to ensure that the contractor has been issued a current certificate to do business in Missouri.
- 2) Verify that the contractor's name does not appear on the Federal lists of debarred contractors.
- 3) For public facility work, confirm that the contractor's Surety company is licensed in Missouri.

Civil Rights: The requirements are the same as those that are stated in the CDBG Administrative Manual. For rehabilitation and professional service contracts, use Appendix 1 in the Civil Rights chapter of the CDBG Administrative Manual. Include the Appendix 1 civil right certifications in all of your project contracts. For target-area public facility contracts, grantees must use the equal opportunity and civil rights provisions that are attached to the sample contract in the Contract Management chapter of the 2005 CDBG Administrative Manual.

Conflict of Interest Policies: Conflict of interest issues arise commonly in neighborhood development projects. The awareness and recognition of a conflict will allow a community to take action to avoid any absolutely prohibited conflicts of interest. Refer to the Conflict of Interest Policy in the 2005 CDBG Administrative Manual, for the procedures that a grantee must follow to address any actual or apparent conflict of interest in your CDBG project. Elected officials never can directly benefit from the grantee's project activities.

Conflict of Interest Policy: Subject to the itemized exceptions, grantees must not use Department of Economic Development (DED) funds to rehabilitate, build or acquire a house owned or occupied in whole or in part by any publicly elected official, their immediate family or any person employed by the grantee in a decision-making capacity.

File Organization

File organization is critical to the successful administration of a ND project. In addition to the standard file structure found in the general administrative manual, each house proposed for rehabilitation or demolition should have its own project file. Below, please find a list of additional files that should be prepared.



HOUSING PROGRAM DOCUMENTATION



Map indicating houses rehabilitated, rehabilitation standard addressed, demolitions, target area boundaries, and units addressed with private or grantee funds.



Rehabilitation Guidelines: eligibility criteria, administration and inspection procedures and responsibilities, application selection and ranking priorities, and a formal grievance procedure.



Project log sheet indicating project addresses, household characteristics, completion dates, and sources of funds for each project activity accomplished.



The Housing Log Form should also list both the rehab applications that were not selected and the structures addressed with private or local funds in the target area.



Ordinance creating/establishing the housing advisory board for the project



Minutes of housing advisory board, including meetings where actions were taken contracts awarded, and applications approved (where applicable).



Supportive Service Documentation (Must include homeownership/financial counseling.



Procurement documentation for the supportive service provider and/or facility.



Supportive Services participation sheet signed by all beneficiaries




Copies of the class/seminar materials.



FINANCIAL MANAGEMENT (ADDITIONAL MATERIAL FOR ND PROJECTS)



















Project Log Form. Should include, contract amounts, sources, and uses of funds for each project, including matching funds.











-  Housing Tracking Form. Have one in each rehabilitation file. It should include a record of funds drawn to pay the contract, any change orders, & professional services.



SEPARATE FILE FOR EACH REHAB & DEMOLITION HOUSEHOLD









-  Signed application of beneficiary
-  National Objective: LMI Income Verification or Slum and Blight Determination
-  Proof of ownership
-  State Historic Preservation Office (SHPO) clearance for each structure
-  Signed rent freeze agreements including applicable Fair Market Rents (FMR)
-  Preliminary work write-up
-  Lead Risk Assessment Report and Clearance Test Results
-  Asbestos Report, especially for each project demolitions
-  Documentation that the property owner and tenant received:
 -  EPA brochure, Protect Your Family from Lead in Your Home
 -  Lead Risk Assessment Report
 -  Clearance Test Results Evidence
-  Determination of rehabilitation feasibility or infeasibility (inspector's cost estimate)
-  If rehabilitation application is approved, documentation of approval by the board. If the application is rejected, letter to owner explaining reason for rejection.
-  Executed contract documents including required EO language, HUD safe work practices, prohibition against the use of lead-based paint, and OSHA requirements at 29 CFR Part 1926
-  Final contract specifications, including procedures to contain lead dust and lead hazard removal procedures, or asbestos procedures in the case of asbestos removal in demolition projects


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-  Copy of license of lead worker, supervisor, or contractor, or HUD Lead Safe Work Practices certificate where lead reduction activities are required. Copy of licensed asbestos contractor in the case of asbestos removal activities.
-  Copies of project notification required by DHSS, if lead abatement is the choice.
-  Executed change orders
-  Contractor pay requests approved by grantee
-  Notarized lien waivers for all contractors, subcontractors, and suppliers
-  Copy of lead paint clearance testing report
-  Executed certificate of completion
-  Documentation of termite treatment by licensed applicator, if applicable
-  Evidence that landlords provided 25% of rehabilitation funds, if applicable.
-  Record of supportive services provided to the housing beneficiaries by grantee













**GENERAL PROCUREMENT AND CONTRACT MANAGEMENT
(ADDITIONAL MATERIAL FOR ND PROJECTS)**

-  Approval of procurement process from DED if a single bidder is consistently receiving rehab contract awards
-  Housing Inspection Contract
 -  Copy of the Request for Proposals (RFP), identifying all evaluation factors. (Note: Cost must be a factor)
 -  Evidence that all known housing inspectors were solicited, including MBE and WBE firms. Include copy of prepared list and solicitation letters
 -  Copy of a newspaper RFP advertisement for housing inspectors in area newspaper of widest circulation
 -  Approval by DED of the proposed inspector, including documentation that the inspector meets DED minimum rehab inspector qualifications
 -  Evidence of the selection criteria for award, including minutes of the grantee's contract award meeting
 -  Documentation that all unsuccessful bidders were notified in writing

-  Executed, originally signed, housing inspection contract, with termination clause/provisions, and copies of all proposals received







Lead Paint Risk Assessor Contract

-  Copy of the Request for Proposals (RFP), identifying all evaluation factors. Note: Cost must be a factor
-  Evidence that all licensed lead risk assessors, in reasonable proximity to the grantee, were solicited from the list provided by DHSS, including MBE and WBE firms.
-  Evidence of the selection criteria for award, including minutes of the meeting
-  Documentation that all unsuccessful bidders were notified in writing
-  Executed, originally signed, lead risk assessor contract as well as all proposals received.
-  Housing Rehabilitation Contracts:
-  Grantee's Contractor Performance Manual
-  Affidavit of publication of informational ad inviting contractors to participate in the grantee's rehabilitation project. Publish annually in the newspaper of widest circulation in the grantee's region. Equal opportunity language must be included in ad
-  Affidavit of publication of annual bids in minority and trade publications, or evidence of direct solicitation of MBE/WBE contractors with return mail receipts
-  Grantee's contractor list that is used to directly solicit rehab contractors



Contractor Qualification File for Each Contractor

-  Worker's Compensation (current policy for each bid) and Liability Insurance
-  Lead-Based Paint license or HUD Lead Safe Work Practices certificate
-  Contractor application and references.
-  Contractor credit check, letter of credit, or deposit.

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Debar clearance letter and License to Do Business in Missouri documentation



Procurement documentation for each round of bidding (Houses under \$25,000)



Bid specifications including lead safe work practices specs and asbestos removal specs



Bids



Bid tabulation sheet, and inspector's cost estimates



Criteria for contract award. If owner selects their own contractor, signed contract with rehab specs between owner and contractor



If bids are high and livability items are removed, have documentation of that process



Demolition Contracts



Documentation of grantee's official spot slum and blight determination for each demolished structure



Property owner's signed demolition consent form



Bid specifications including equal opportunity language



Affidavit of publication of bids in a general circulation newspaper of widest distribution in grantee's region



Documentation of solicitation of demolition contractors including MBEs, WBEs, and Section 3s



Grantee's cost estimates and for each demolition inclusive of asbestos removal costs



Bid tabulation



Criteria for contract award



Letters to unsuccessful demolition bidders

Monitoring Checklists

Depending upon the complexity of the project and the familiarity of the grantee with CDBG guidelines, a project may be formally monitored either one or two times. The monitoring will be scheduled well in advance with the grantee and their grant administrator.

Staff may also make technical assistance visits if requested or it becomes evident technical assistance is necessary. Technical assistance visits are made to assist the grantee toward achieving successful project completion. The expertise and experience of the grantee's project staff in managing project problems, resolving and recommending alternative solutions is a resource and benefit that every grantee should have.

The following checklists are provided for the benefit of the grantee. They contain the review of every area of compliance for which the grantee is responsible. They are the documents that the field representative uses in reviewing and determining the performance of the grantee.

Standard Monitoring
(Housing Rehabilitation & Demolition Projects)

DESK REVIEW

Grantee _____ Project No. _____

Date of Review _____ Type of Review _____

Reviewer _____ Grantee Staff Present _____

1. GENERAL INFORMATION

A. Grant Amount: _____

B. Award Date: _____

C. Percent of construction complete: _____

D. Percent of housing activities complete: _____

E. Amount of funds remaining: _____

F. Date of previous monitoring visit: _____

G. Date findings due: _____

H. Date findings resolved: _____

I. Type of acquisition involved (easements or fee simple title): _____

J. Source of acquisition funding: _____

K. Acquisition done before or after first public hearing? _____

L. Projected close-out date: _____

M. Contact person(s): _____

Address: _____

Telephone: _____

N. Current Mayor/Presiding Commissioner: _____

O. Monitoring attendees: _____

NATIONAL OBJECTIVE

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. LOW AND MODERATE INCOME BENEFIT

A. Percent of benefit shown on application and funding approval: _____

i. Housing _____

ii. Public Facility _____

B. Benefit is:

☐ Citywide

☐ Target Area

☐ Limited Clientele

☐ Housing Only

☐ Post Award Certification

☐ Economic Development (including Microenterprise)

C. Benefit determined by census?

☐ Yes

☐ No

D. LMI survey conducted for public facility activities?

☐ Yes

☐ No

100% solicitation proven?

☐ Yes

☐ No

Applicable return rate achieved?

☐ Yes

☐ No

E. Actual tabulation of survey in field:

Total Persons

LMI _____

% LMI _____

Total Families

LMI _____

% LMI _____

F. Benefit determined by income verification:

☐ Yes

☐ No

Total Persons

LMI _____

% LMI _____

Total Families

LMI _____

% LMI _____

G. Is this in accordance with application? (method, numbers, percentages)

☐ Yes

☐ No

If No, explain: _____

H. Did any change in the project scope or addition of new activities affect a change in the beneficiaries?

☐ Yes

☐ No

I. If so, were new beneficiaries surveyed?

☐ Yes

☐ No

J. If so, is the national objective still being met?

☐ Yes

☐ No

2. SLUMS AND BLIGHT

A. Slums and blight activity is identified as:

☐ Area

☐ Spot

☐ Infeasible to Rehab

☐ Local dangerous
building code

☐ Infeasible to rehab to \$15 per square foot
to DED's Health & Safety HQS

B. Project includes supporting documentation of slum and blight?

☐ Yes

☐ No

C. Spot slums and blight/Section 104d One for One Replacement Compliance:

Documentation provided that all demolished structures were vacant for twelve months prior to demolition of each structure?

☐ Yes

☐ No

Area CDBG funds used to address deteriorated conditions?

☐ Yes

☐ No

3. Is the grantee's file for this compliance area complete?

☐ Yes

☐ No

4. Was a completed National Objective Determination form in each beneficiary's file?

☐ Yes

☐ No

COMMENTS: _____

NATIONAL OBJECTIVE: LMI Beneficiaries

Grantee: _____

CDBG Project #: _____

App #	Family Name	# of Persons in Family	Income	County Income Limit	Date Income Verified	Eligible? (Y/N)

Total # Households: _____

Total # Persons: _____

Percent Households LMI: _____

Percent Persons LMI: _____

NATIONAL OBJECTIVE: Slum & Blight

Grantee: _____

CDBG Project #: _____

App #	ER Date	Address	Slum & Blight Determination Date	Property Owner	Owner's Consent Obtained? (Y/N)

Individual File National Objective Determination

LMI NATIONAL OBJECTIVE DETERMINATION

Applicant: _____

Address: _____

City: _____ State: MO Zip: _____

Number of Members in Household: _____

Sources of Income:

	Name	Source	Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Total Household Income: \$_____

County Where Dwelling is Located: _____

County's LMI Income Limit for that Size Household: \$ _____

LMI Income Eligible? Yes _____ No _____

SLUM & BLIGHT NATIONAL OBJECTIVE DETERMINATION

Applicant/Owner: _____

Address: _____ City: _____

Method of Slum & Blight Documentation:

1) Cited Under Grantee's Unsafe Building Ordinance?

Yes _____ No _____ Date: _____ Citation In File? Yes _____ No _____

2) Determined Not Feasible to Rehabilitate:

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Inspector's Cost Estimate in the File? Yes ____ No ____

Amount? \$ _____ Square Footage of Subject Property? _____

Amount to Rehab per Square Foot? \$ _____

Greater than \$15 per Square Foot? _____

Less than \$15 per Square Foot? _____

Approved by Grantee?: Yes _____ No _____ Date _____

3) RSMO 353 Slum & Blight Process Followed? Yes ____ No ____

353 Process documentation in file? Yes ____ No ____

Date 353 process completed by grantee: _____

CITIZEN PARTICIPATION

Grantee _____

Date _____

Project No. _____

Reviewer _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are grant records kept at grantee's office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is documentation of public hearing available in the grantee files? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has the performance public hearing been held? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Date of publication: _____

Date of hearing: _____

Place held: _____

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| Affidavit of publication and minutes in file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Were all public hearings accessible to handicap (disabled) persons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Were all public hearing notices published or posted sufficiently? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Is there an indication in the community that an interpreter was needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If so, was one provided at the hearing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Have any grievances or complaints been received in writing regarding the program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If Yes, explain how they were handled: _____ | | | |

8. List any additional ways the grantee has demonstrated efforts to involve citizens throughout all stages of the project. _____

9. Section 504 Compliance

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| A. Has the grantee completed a self-evaluation of program access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| B. Does the grantee have 15 or more employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. If so, has the grantee completed a Section 504 Transition Plan based on the results of the self-evaluation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. Has the grantee designated a Section 504 Coordinator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Provide name and title: _____ | | | |
| iii. Has the grantee adopted a written grievance procedure to resolve complaints regarding Section 504? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

10. Is the grantee's file for this compliance area complete? ☐ Yes ☐ No

COMMENTS: _____

PROPERTY MANAGEMENT

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. Was any personal property purchased with CDBG funds? ☐ Yes ☐ No
(If Yes, complete the remaining questions.)
2. Is CDBG funded, nonexpendable personal property identified with an inventory tag or other control (e.g., rehabilitation tools)? ☐ Yes ☐ No ☐ N/A
List tagged items: _____

3. If any real property was purchased, was the deed correctly titled to either the grantee, not-for-profit, or LIHTC developer? ☐ Yes ☐ No ☐ N/A
4. If sold or being sold, are the terms of the program income agreement being enforced? ☐ Yes ☐ No ☐ N/A
5. Is the grantee's file for this compliance area complete? ☐ Yes ☐ No

COMMENTS: _____

FINANCIAL MANAGEMENT

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. CASH

- A. Does the grantee record all cash transactions in a checkbook? ☐ Yes ☐ No
- B. Does the grantee use activity ledgers? ☐ Yes ☐ No
- C. Are RFFs based on either work completed and invoiced or projected cash needs? ☐ Yes ☐ No

2. BANK STATEMENT RECONCILIATION

- A. Are checkbook balances reconciled to bank statements monthly? ☐ Yes ☐ No
- B. Is the bank statement reconciliation documented? ☐ Yes ☐ No
- C. Is the person reconciling monthly bank statements prohibited from signing checks? ☐ Yes ☐ No
- D. Are two signatures required on all checks? ☐ Yes ☐ No
- If No, is person writing checks prohibited from signing them? ☐ Yes ☐ No
- E. Is the person authorized to sign checks different from the person who signs RFFs? ☐ Yes ☐ No
- F. Check a sample of canceled checks. Are all dates, payee, amounts, endorsements, and signatures proper? ☐ Yes ☐ No
- G. Did the grantee spend all cash in excess of \$1,000 within the 5 days allowed? ☐ Yes ☐ No
- (Local funds placed in the CDBG account will also cause a 5-day violation; therefore, local funds should also be spent timely.)
- H. Is the CDBG bank account non-interest bearing? (i.e., escrow accounts must be interest bearing) ☐ Yes ☐ No
- I. If other than an escrow account, and interest was earned, was the interest returned to DED? ☐ Yes ☐ No

3. MATCHING FUNDS

- A. If the grantee was required to use matching funds, is there a record of all matching funds used, including supporting documentation? ☐ Yes ☐ No

B. Documentation:

	Funding Approval	Amount
Cash match	_____	_____
In-kind match	_____	_____
Other	_____	_____
Private Match	_____	_____

- C. Did the grantee expend the amount of matching funds pledged in the application (funding approval)? ☐ Yes ☐ No

- D. If applicable, were matching funds used first? ☐ Yes ☐ No

If no, why? _____

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- | | | |
|---|------------------------------|-----------------------------|
| E. Is there any evidence of CDBG funds used to reimburse local funds expended prior to environmental release of CDBG funds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Is there any evidence of CDBG funds used to reimburse local funds expended prior to the grant award date? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. If Downtown Revitalization, is there a dollar-for-dollar match of eligible private investment funds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. AUDIT TRAIL

- | | | |
|--|------------------------------|-----------------------------|
| A. Are all accounting transactions supported by invoice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Are invoices properly referenced with check numbers, dates, RFF numbers, funding sources, and amounts paid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Are all expenses allowable per grant agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. For in-kind or local labor, are payrolls supported by time sheets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Does grantee have a complete set of Housing Tracking Sheets for each project rehabilitation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Are amounts on tracking sheets consistent with amounts paid with CDBG funds (check 3 rehabs for consistency)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Have CDBG maximums, \$15,000 and \$6,000, been exceeded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. Are CDBG lead costs solely tied to lead reduction activities in both the lead risk assessment recommendations and the contract work write-up? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. PROGRAM INCOME

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| A. If earned, was program income disclosed in financial records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. Was program income used for eligible activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. Was the eligible expenditure of program income approved by DED prior to use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. Are all reports on program income current with DED requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

6. ESCROW ACCOUNTS (Housing)

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| A. Was an escrow account set up? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. Was interest earned in excess of \$100 in any calendar year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- | | | |
|---|------------------------------|-----------------------------|
| 7. Is the grantee's file for this compliance area complete? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

COMMENTS: _____

ENVIRONMENTAL REVIEW

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. Did the state determine the environmental status of the project as:

☐ Regular Environmental Review

☐ Categorical Exclusion

☐ Exemption

2. Does the local environmental review record include:

A. The environmental assessment

☐ Yes

☐ No

☐ N/A

B. The combined notice

☐ Yes

☐ No

☐ N/A

C. Flood plain notice, if applicable

☐ Yes

☐ No

☐ N/A

D. Categorical exclusion concurrence letter, if applicable

☐ Yes

☐ No

☐ N/A

E. Environmental assessment review letter

☐ Yes

☐ No

☐ N/A

F. Memorandum of agreement, if applicable

☐ Yes

☐ No

☐ N/A

G. Are all the requirements of the MOA complete?

☐ Yes

☐ No

☐ N/A

H. FONSI notice recipients. List: _____

I. Removal of grant conditions:

Public

☐ Yes

☐ No

Private

☐ Yes

☐ No

☐ N/A

3. CHANGES IN THE ASSESSMENT

A. Were there any **substantial changes** in the project scope after the initial assessment and Removal of Grant Conditions?

☐ Yes

☐ No

☐ N/A

B. If yes, were the new circumstances or changes assessed and SHPO clearance received?

☐ Yes

☐ No

☐ N/A

C. Were publication and public comment required and completed?

☐ Yes

☐ No

☐ N/A

Note: If an Environmental Impact Statement was required, the DED environmental review officer will conduct a separate monitoring.

4. Is the grantee's file for this compliance area complete?

☐ Yes

☐ No

COMMENTS: _____

EQUAL OPPORTUNITY/CIVIL RIGHTS

Grantee _____ Date _____

Project No. _____ Reviewer _____

1. CDBG EMPLOYMENT

A. Were any persons employed by the grantee specifically for the project? ☐ Yes ☐ No ☐ N/A

B. If yes, specify: _____

C. Did the grantee include equal opportunity guidelines in their advertising for positions paid by grantee? ☐ Yes ☐ No ☐ N/A

2. EXCESSIVE FORCE AND FAIR HOUSING EFFORTS

A. List the actions the grantee has taken to affirmatively further Fair Housing. The grantee must conduct an action each year (12 month period) of the project, beginning with the grant award date.

B. Are Fair Housing actions current? ☐ Yes ☐ No ☐ N/A

C. List the actions the grantee has taken to address the Analysis of Impediments to Fair Housing Choice. The grantee must conduct an action each year (12 month period) of the project, beginning with the grant award date.

D. Are the Analysis of Impediments to Fair Housing Choice actions current? ☐ Yes ☐ No ☐ N/A

3. COMPLAINTS

A. Have any *written* equal opportunity/civil rights complaints been received? ☐ Yes ☐ No ☐ N/A

B. Were the complaints handled appropriately? ☐ Yes ☐ No ☐ N/A

C. Should the Missouri Human Rights Commission or HUD be contacted? ☐ Yes ☐ No ☐ N/A

4. Is the grantee's file for this compliance area complete? ☐ Yes ☐ No

COMMENTS: _____

PROCUREMENT

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. GENERAL REQUIREMENTS

- A. Does the city have a written procurement policy? ☐ Yes ☐ No ☐ N/A
- B. Does the city have a written conflict of interest policy? ☐ Yes ☐ No ☐ N/A
- C. Whose procurement policy was used in this project? _____
Was it implemented correctly? ☐ Yes ☐ No ☐ N/A

2. PROFESSIONAL SERVICES

- | | <u>Administration</u> | <u>Engineering</u> | <u>Other</u> |
|--|--|--|--|
| A. Did the grantee correctly prepare an RFP for administrators/professional service providers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Did the grantee correctly prepare an RFQ for engineers/architects? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Did the RFP/RFQ identify the appropriate evaluation factors? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. For administration, were all firms on CDBG list contacted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Was the RFQ published in the newspaper of widest circulation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Was the solicitation of the RFP/RFQ adequate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Was the RFP/RFQ published in a minority newspaper? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If not, were an adequate number of MBE/WBE firms directly solicited? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Does the grantee have formal documentation of contract award? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If not awarded to the lowest bidder, are selection criteria available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. Were unsuccessful bidders notified in writing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Did the grantee receive approval if less than three bids/proposals were received? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. CONSTRUCTION

- A. Did the grantee use competitive sealed bids (contracts over \$25,000)? ☐ Yes ☐ No ☐ N/A
- B. Did the advertisement require a bid bond, cashier's check, or other acceptable method for 5% of the bid? ☐ Yes ☐ No ☐ N/A
- C. Did the advertisement contain language relating to labor provisions, state & Federal prevailing wage certifications, bonding, Section 3, and equal employment opportunity (EEO)? ☐ Yes ☐ No ☐ N/A
- D. Were descriptions of items/services on the invitation to bid clear and without reference to specific brand requirements unless the brand was used as an example of functional or quality requirements? ☐ Yes ☐ No ☐ N/A
- E. Were bids advertised in the newspaper of widest circulation or the Dodge Report? ☐ Yes ☐ No ☐ N/A
- F. Were bids advertised in a minority newspaper? ☐ Yes ☐ No ☐ N/A

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G. If not, were an adequate number of MBE/WBE/Section 3 firms directly solicited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
H. Were wage rates verified prior to opening bids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
I. Was a public meeting held to open bids and minutes in the file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
J. Were fewer than three bids received for any contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
K. If so, did the grantee receive approval prior to awarding contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L. Was the contract awarded to the lowest responsible bidder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
M. If not, explain. _____			
4. SMALL PURCHASES (less than \$2,500)			
A. Is there documentation of vendors, price quotations, and dates? (telephone bids, faxed bids, e-mails)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B. Did the list of vendors include:			
MBE/WBE firms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Section 3 firms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C. Were three or more quotes or bids received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D. Was the contract issued to the lowest vendor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. NONCOMPETITIVE PROPOSALS (Must be pre-approved by DED)			
A. Was the desired item available from only one source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If no, were costs eligible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B. Did the grantee receive authorization for noncompetitive negotiation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C. Was competition determined to be inadequate after soliciting all known sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D. Were the goods or services needed immediately to meet a public emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. HOUSING PROFESSIONAL SERVICES			
	<u>Rehab Inspec</u>	<u>Risk Assessor</u>	<u>Asbestos Inspec</u>
A. Did the grantee correctly prepare an RFP for the procured professional service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Did the RFP identify the service and appropriate evaluation factors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Was the RFP published in the newspaper of widest circulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Was the direct solicitation of the service adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Was the RFP published in a minority newspaper?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, were an adequate number of MBE/WBE firms directly solicited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Does the grantee have formal documentation of contract award, minutes of council /commission award meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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If not awarded to the lowest bidder, is selection criteria available? ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

G. Were unsuccessful bidders notified in writing? ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

H. Did the grantee receive state CDBG approval if less than three bids/proposals were received? ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

7. HOUSING REHABILITATION

A. Did the grantee annually advertise for rehabilitation contractors? ☐ Yes ☐ No ☐ N/A

B. Did the grantee directly solicit rehabilitation contractors? ☐ Yes ☐ No ☐ N/A

C. How many were directly solicited (review solicitation list)? _____

D. Were MBE/WBE/Section 3 rehab contractors directly solicited? ☐ Yes ☐ No ☐ N/A

E. If not, were bids advertised in a minority newspaper? ☐ Yes ☐ No ☐ N/A

F. Explain other methods used to procure rehabilitations contractors. _____

G. Where all low bids that were awarded within 10% of the inspector's HQS cost estimate? ☐ Yes ☐ No ☐ N/A

H. Are all contractors and subcontractors licensed to do business in Missouri and are they currently in good standing? ☐ Yes ☐ No ☐ N/A

I. Are federal debar clearance letters in the file for all rehabilitation contractors and subcontractors? ☐ Yes ☐ No ☐ N/A

8. Is the grantee's file for this compliance area complete? ☐ Yes ☐ No

COMMENTS: _____

HOUSING PROFESSIONAL SERVICES CONTRACT MANAGEMENT

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. PROFESSIONAL SERVICE CONTRACT REVIEW

	<u>Rehab</u>	<u>Inspec</u>	<u>Risk</u>	<u>Assessor</u>	<u>Asbestos</u>	<u>Inspec</u>
A. Name of Contracted Firm:	_____	_____	_____	_____	_____	_____
B. Amount of Contract	_____	_____	_____	_____	_____	_____
C. Do the RFFs match the amount of CDBG participation in the contract (to date)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Do the RFFs exceed the funding approval line item?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. If so, were grant amendments approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Is there evidence the contract was paid in full using all sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Is the contract based upon either lump sum or cost plus a fixed fee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Is an original (not photocopy) contract available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Is the original properly executed? (<i>signed & dated</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Did the grantee follow their own rules for executing this contract? (council action, attorney review)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Did the right parties sign? (CEO/Mayor or Presiding Commissioner/assignee)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L. Does the date of the contract precede the award?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M. If so, is there a pre-selection contingency clause?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N. Is the pricing clear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O. Is the scope of services detailed enough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P. Were contract amendments executed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Is the amendment clear and specific?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Did both parties sign the amendment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Is amendment attached to the original contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q. Is there an affirmative action plan for the professional service provider in file? (<i>not necessarily in contract documents</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R. Did the contracts include the following Appendix 1 Certifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Title VI, Civil Rights Act of 1964	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section 3 (<i>only applicable over \$100,000</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section 109	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section 503	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Section 504

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Age Discrimination Act of 1975

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Executive Order 11246 (*only over \$10,000*)

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Anti-Lobbying (*only over \$100,000*)

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

2. Is the grantee's file for this compliance area complete?

☐ Yes

☐ No

COMMENTS: _____

PROFESSIONAL SERVICES CONTRACT MANAGEMENT

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. PROFESSIONAL SERVICE CONTRACT REVIEW

Admin

Architect/Eng

Other

A. Name of Contracted Firm: _____

B. Amount of Contract _____

C. Do the RFFs match the amount of CDBG participation in the contract (to date)?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

D. Do the RFFs exceed the funding approval line item?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

E. If so, were grant amendments approved?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

F. Is there evidence the contract was paid in full using all sources?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

G. Is the contract based upon either lump sum or cost plus a fixed fee?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

H. Is an original (not photocopy) contract available?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

I. Is the original properly executed? (*signed & dated*)

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

J. Did the grantee follow their own rules for executing this contract? (council action, attorney review)

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

K. Did the right parties sign? (CEO/Mayor or Presiding Commissioner/assignee)

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

L. Does the date of the contract precede the award?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

M. If so, is there a pre-selection contingency clause?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

N. Is the pricing clear?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

O. Is the scope of services detailed enough?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

P. Were contract amendments executed?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

i. Is the amendment clear and specific?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

ii. Did both parties sign the amendment?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

iii. Is amendment attached to the original contract?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Q. Is there an affirmative action plan for the professional service provider in file? (*not necessarily in contract documents*)

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

R. Did the contract include the following: (*look for CDBG form Part II Terms and Conditions from sample admin & engineering contracts*)

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Title VI, Civil Rights Act of 1964

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Section 3 (*only applicable over \$100,000*)

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Section 109

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Section 503

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

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Section 504

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Age Discrimination Act of 1975

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Executive Order 11246 (*only over \$10,000*)

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Anti-Lobbying (*only over \$100,000*)

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

2. CONSTRUCTION CONTRACT REVIEW

1

2

3

A. Name of Contracted Firm:

B. Amount of Contract:

C. Do the RFFs match the amount of CDBG participation in the contract?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

D. Do the RFFs exceed the Funding Approval line item?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

E. If so, were grant amendments approved?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

F. Is there evidence contract was paid in full using all sources?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

G. Is the contract based upon either lump sum or unit price?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

H. Is an original contract available?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

I. Is the original properly executed (*signed & dated*)?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

J. Did the grantee follow their own rules for executing this contract (*council action, attorney review*)?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

K. Did the right parties sign (*CEO/Mayor or Presiding Commissioner/assignee*)?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

L. In general, are all of the parts of the contract included (*original bid documents, contract form, general conditions, plans and specifications*) and bound to one set of contract documents?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

M. Were addenda a part of the bid process?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

N. If so, are they noted clearly in the contract?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

O. Were contract amendments (*change orders*) executed?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

i. Are they clear and specific?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

ii. Do they detail cost?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

iii. Are they dated and numbered?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

P. Were the change orders approved by the grantee (*not just engineer*)?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Q. Is the change order attached to the original contract?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

R. Specifically, does the construction contract include:

i. A copy of the bid bond, irrevocable letter of credit, or other acceptable instrument? (*look at bid tab or in contract documents*)

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

ii. Performance bond (*over \$100,000*)

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

iii. Payment bond (*over \$100,000*)

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

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- | | | | | | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| iv. Labor Standards Provisions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Anti-Kickback Act | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi. Anti-Lobbying Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vii. Contractor (<i>may be on bidder form</i>) certification on: | | | | | | |
| a. EEO | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Section 3 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Labor Standards | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| viii. Subcontractor certifications on: | | | | | | |
| a. EEO | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Section 3 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Labor Standards | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ix. Section 3 plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| x. Section 3 contractor forms (<i>A,B,C,D</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| xi. Have forms C & D been updated at end of contract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| xii. Relevant state prevailing wage determination | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| xiii. Relevant Federal prevailing wage determination | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| xiv. General Conditions (<i>CDBG or equivalent</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| xv. HUD Supplemental Conditions, containing at least: | | | | | | |
| a. Executive Order 11246 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Affirmative Action Goals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Section 3 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| xvi. Appendix 1, containing at least: | | | | | | |
| a. Title VI, Civil Rights of 1964 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Title VIII, Civil Rights of 1968 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Section 109 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Section 503 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Section 504 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Age Discrimination Act of 1975 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Executive Order 11063 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Is the grantee's file for this compliance area complete?

☐ Yes

☐ No

COMMENTS: _____

LABOR STANDARDS

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. GENERAL

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| A. Are wage rates correct as shown in the contract(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. Are all contractors and subcontractors licensed to do business in Missouri and in good standing with the Secretary of State's Office? (<i>Exception: sole proprietorship with non-fictitious name.</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. Are all contractors and subcontractors currently in good standing in Missouri? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. Is the debarred letter in the file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. Is the surety company letter in the file (<i>clearance letter</i>)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| F. Has the Start of Construction Notice been submitted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| G. Is the Pre-Construction Conference Report on file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| H. Is there a bulletin board in a central location at the work site where EEO provisions, wage determinations, health & safety regulations, Dept. of Labor wage notices, and the bilingual EEO notice are posted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| I. If an irrevocable letter of credit from a FDIC bank was issued in place of a performance bond, do irrevocable status and dates cover the life of the project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

2. PAYROLL REVIEW

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| A. Was the first payroll submitted to DED for each contractor and subcontractor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. Are payrolls signed by employer or authorized representative? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. Was a statement of compliance submitted with each payroll? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. Is the employer IRS identification number on record? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. Do the payrolls contain the following for each employee: | | | |
| i. Name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. Address? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iii. Social Security Number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iv. Work classification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| v. Hourly rates of wages paid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| vi. Daily number of hours worked (including any overtime)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| vii. Weekly number of hours worked (including any overtime)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| viii. Deductions made? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ix. Gross and net wages paid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| F. Do wage rates on payrolls equal the rates in the wage decisions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| G. If split work classifications, have separate daily time records been kept? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| H. If fringe benefits are paid into a plan, is amount/hour documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| I. Has grantee reviewed payrolls? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| J. Has overtime been correctly paid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

3. EMPLOYEE INTERVIEWS

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| A. List number of employee interviews conducted: _____ | | | |
| B. Were a representative number of trades covered for all contractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. Were interviews compared against payrolls for compliance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. Were interviews compared against wage rates for compliance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. Were interviews signed by payroll examiner (labor standards officer)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- | | | |
|---|------------------------------|-----------------------------|
| 4. Is the grantee's file for this compliance area complete? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

COMMENTS: _____

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Project Administration

5. WAGE RATE COMPLIANCE

A. Federal Wage Decision: _____

B. State Annual Wage Order: _____

Straight Time Compliance

Pay No.	Name	Craft or Classification	Rate Paid			State Rate			Federal Rate			App
			Basic	Fringe	Total	Basic	Fringe	Total	Basic	Fringe	Total	

Overtime Compliance

NOTES:

ACQUISITION

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. What type of acquisition was required:

- | | | |
|-----------------------|------------------------------|-----------------------------|
| A. Full Title | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Permanent Easement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Right of Way | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Long Term Lease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Acquisition exceptions to Uniform Act (not subject to Uniform Act):

- | | | |
|--|------------------------------|-----------------------------|
| A. Temporary Easement (If checked, not subject to Uniform Act) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Acquired from another public entity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Voluntary Acquisition (a non-site specific general solicitation for land for a project, e.g., need for water tower, treatment or lagoon site, but location is not specifically designated.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Does grantee have a list of property owners for each project acquisition, donations and purchases? ☐ Yes ☐ No

4. Is there a separate file for each project acquisition? ☐ Yes ☐ No

5. Is a copy of the appraisal or waiver of just compensation in each acquisition file? ☐ Yes ☐ No

6. If necessary, is a copy of the review appraisal in each acquisition file? ☐ Yes ☐ No

7. Is a copy of the real estate sales purchase contract in the file? ☐ Yes ☐ No

8. Does the real estate closing statement identify incidental expenses in each acquisition file? ☐ Yes ☐ No

9. Is a completed HUD-1 Settlement Statement form in each acquisition file? ☐ Yes ☐ No

10. Is a copy of the transferred deed in the file? ☐ Yes ☐ No

11. Were all grantee's costs paid related to the acquisition and transfer of title (e.g., recording fees, boundary surveys, legal descriptions, mortgage penalties, transfer fee, pro-rated taxes, litigation expense, etc.)? ☐ Yes ☐ No

12. Were any grant funds used to clear the title? (No grant funds may be used to clear title) ☐ Yes ☐ No

13. If condemnation was required, does the judgment equal the amount paid and is a copy of the condemnation commission's report in the file? ☐ Yes ☐ No

14. Was a completed Downpayment Assistance and Affordability Determination form in each beneficiary's file that received downpayment assistance? ☐ Yes ☐ No

15. Is the grantee's file for this compliance area complete? ☐ Yes ☐ No

COMMENTS: _____

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Use this page to document Uniform Act notice and brochure receipt compliance for each **ACQUISITION**.

Name of Owner	Proof of Ownership	Prelim Acquisition Notice	HUD Brochure Documentation	Waiver of Appraisal & Compensation	Invited to Accompany Appraiser	Appraisal or Fair Market Value Data	Written Offer to Purchase	Statement of Determination of Just Compensation	Recorded Deed or Easement	Evidence of Payment	Condemnation Process (Report)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

RELOCATION

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. GENERAL

A. Is there a separate relocation file for each displacee? ☐ Yes ☐ No ☐ N/A

2. NOTICES

A. Did the displacee receive the grantee's Notice of Eligibility For Relocation Assistance? ☐ Yes ☐ No ☐ N/A

i. Hand delivered signed receipt? ☐ Yes ☐ No ☐ N/A
or

ii. Certified mail receipt? ☐ Yes ☐ No ☐ N/A

B. Did the displacee receive the applicable HUD brochure? ☐ Yes ☐ No ☐ N/A

C. If yes, check the brochure received.

☐ "Relocation Assistance to Tenants Displaced from Their Homes"

☐ "Relocation Assistance to Displaced Homeowners"

☐ "Relocation Assistance to Displaced Businesses, Nonprofit Organizations, and Farms"

i. Hand delivered signed receipt? ☐ Yes ☐ No ☐ N/A
or

ii. Certified mail receipt? ☐ Yes ☐ No ☐ N/A

D. If applicable, did the displacee receive the 90-day Advance Notice to Move? ☐ Yes ☐ No ☐ N/A

i. Hand delivered signed receipt? ☐ Yes ☐ No ☐ N/A
or

ii. Certified mail receipt? ☐ Yes ☐ No ☐ N/A

iii. Date of Notice: _____

iv. Date occupant required to move: _____

E. Did displacee receive a letter or flyer containing a listing of available relocation advisory services, including: ☐ Yes ☐ No ☐ N/A

i. Assistance to relocate to a comparable replacement dwelling? ☐ Yes ☐ No ☐ N/A

ii. Basic eligibility conditions (displaced due to project rehab, demolition, or acquisition)? ☐ Yes ☐ No ☐ N/A

iii. Procedure for obtaining relocation and moving expense payments? ☐ Yes ☐ No ☐ N/A

F. Does grantee have a list of each project relocation or a residential project relocation management report? ☐ Yes ☐ No ☐ N/A

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G. Does grantee have a contact log for each displaced family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. RENTAL AGREEMENTS			
A. If the grantee permitted an owner or tenant to occupy the real property acquired, was the rent charged equivalent to the fair rental value of the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B. Is there a short-term lease agreement in the file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. DETERMINATION OF DISPLACEE NEEDS BY GRANTEE			
A. For families and individuals, are the following claim forms in the file:			
i. Tenant Assistance or Down payment Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
ii. Replacement Housing Payment for 180-Day Homeowners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
iii. Moving and Related Expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Fixed			
<input type="checkbox"/> Actual			
B. For businesses, nonprofit organizations, and farm operations, are the following claim forms in the file:			
i. Actual Reasonable Moving and Related Expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
ii. Fixed Payment in Lieu of Payment for Actual Moving and Related Expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. DONATION OF DISPLACEE PROPERTY			
A. Did the displacee donate their property in lieu of relocation payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i. If yes, was a signed donation/waiver in the file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
ii. Hand delivered signed receipt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
or			
iii. Certified mail receipt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. PAYMENT DOCUMENTATION			
A. Is there payment documentation for: (i.e., copy of canceled check)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i. Relocation assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
ii. Moving expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. COMPARABLE REPLACEMENT UNIT DOCUMENTATION			
A. Is the "Selection of Most Representative Comparable Replacement Dwelling" form in the file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B. Was a referral to at least one comparable replacement dwelling included in the notice of eligibility for relocation assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C. Is there evidence that the grantee inspected the replacement dwelling to determine that it met the decent, safe, and sanitary standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. LAST RESORT UNIT DOCUMENTATION			

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A. Has the grantee determined that:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| i. The unit is not feasible to rehabilitate? (i.e., rehabilitation cost estimate exceeds \$15,000) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. No comparable replacement unit exists in the grantee's jurisdiction? (i.e., copy of letter from realtor addressing the unavailability of comparable replacement units) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

9. INTERVIEW OF PROJECT DISPLACEE

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| A. Did the displacee receive notice of eligibility for relocation assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. Was the grantee's relocation assistance payment adequate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. Was the grantee's moving expenses payment adequate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. Were the grantee's advisory services sufficient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. Does the displacee consider the grantee's treatment and relocation assistance to be fair and reasonable? (interview) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

10. SECTION 104(d) ANTIDISPLACEMENT COMPLIANCE

- | | | | |
|---|---------------------------------|--------------------------------------|------------------------------|
| A. Has the grantee demolished or converted any occupiable low to moderate-income dwellings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. Has DED determined that the grantee has a sufficient number of low to moderate-income units to grant an exception to the one-for-one replacement requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. If not, does grantee have a specific one-for-one replacement plan approved by DED? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. Was the displacee notified of relocation assistance available under 104(d), including option to choose Uniform Act Relocation Assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. Which relocation assistance did the displacee choose? | <input type="checkbox"/> 104(d) | <input type="checkbox"/> Uniform Act | |

11. Is the grantee's file for this compliance area complete? ☐ Yes ☐ No

COMMENTS: _____

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Use this page to document Uniform Act notice compliance for each **RELOCATION**.

Name of Owner	Proof of Ownership	Relocation Notice Received	HUD Relocation Brochure Received	Donation/ Waiver of Appraisal & Just Comp	Comparable Replacement Dwellings Offered	Most Comparable Unit Designated	Housing Claim Form	Moving Expense Claim Form	Recorded Deed	Evidence of Payment	Interviewed Relocated Family Satisfied
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
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17											
18											
19											
20											

DEMOLITION

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. How many units or structures were demolished with CDBG funds? _____
2. How many structures were proposed for demolition in the Funding Approval? _____
3. Was a demolition contractor procured? ☐ Yes ☐ No ☐ N/A
4. Were structures vacant for more than 12 months? ☐ Yes ☐ No ☐ N/A
5. If not, is Section 104d One-for-One Plan available for review? ☐ Yes ☐ No ☐ N/A
6. Is the 104d Plan in compliance (old 104d replacement units affordable to LMI families)? ☐ Yes ☐ No ☐ N/A
7. SAMPLE FILE REVIEW

	House # _____	House # _____	House # _____
	Yes, No, N/A	Yes, No, N/A	Yes, No, N/A
A. Was there a demolition inspection write-up for each demolished unit, or a bid specification document?	_____	_____	_____
B. Were the units inspected for asbestos?	_____	_____	_____
C. Was the asbestos inspector certified by DNR?	_____	_____	_____
D. Did the inspector find friable asbestos?	_____	_____	_____
E. If so, was a licensed abatement contractor procured?	_____	_____	_____
F. Was the asbestos waste disposed of at a sanitary landfill, demolition landfill, or a hazardous waste facility?	_____	_____	_____
G. Is an asbestos post-notification form in the file for each demolition unit or structure?	_____	_____	_____
H. Was the demolition debris disposed of at a sanitary landfill or demolition landfill?	_____	_____	_____
I. Are landfill receipts in each demolition file?	_____	_____	_____
J. Was there hazardous waste in any demolition debris?	_____	_____	_____
K. If so, was the hazardous waste disposed of at a facility that specializes in hazardous waste disposal?	_____	_____	_____
L. Are receipts from the hazardous waste facility in the file of each such demolition?	_____	_____	_____
M. If local in-kind included fire department exercises:	_____	_____	_____
i. Is there a copy of the DNR burn permit in the file?	_____	_____	_____
ii. Was asbestos/hazardous material removed prior to burning?	_____	_____	_____
iii. Has the site been completely cleared?	_____	_____	_____
8. Is the grantee's file for this compliance area complete? ☐ Yes ☐ No

COMMENTS: _____

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Complete this page when more than three **DEMOLITIONS** were completed (Y/N/NA).

Name of Owner	Proof of Ownership	Structure Vacant >12 Months	Signed Owner's Consent Form	Unsafe Bldg Ordinance Followed	Demolition Inspection Write-Up	Asbestos Inspection	Asbestos Contractor Procured	DNR Asbestos Post Notification	Demo Bid Date	Landfill Disposal Receipts	Fire Training Exercise
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

HOUSING REHABILITATION

Grantee _____

Date _____

Project No. _____

Reviewer _____

1. GENERAL

A. Does the grantee plan to address the number of houses indicated in the funding approval? ☐ Yes ☐ No ☐ N/A

B. Number in Funding Approval to be addressed:

Rehabs: _____

Demos: _____

Substantial Reconstructions _____

New Constructions/Last Resort Houses: _____

Homeownership Assistance/Existing Home Purchase: _____

C. Number of addressed:

Rehabs: _____

Demos: _____

Substantial Reconstructions _____

New Constructions/Last Resort Houses: _____

Homeownership Assistance/Existing Home Purchase: _____

D. Did the grantee exceed: ☐ Yes ☐ No ☐ N/A

i. \$15,000 for rehabilitation? ☐ Yes ☐ No ☐ N/A

ii. \$25,000 for new construction? ☐ Yes ☐ No ☐ N/A

iii. \$5,000 for down payment assistance for purchase of an existing dwelling? ☐ Yes ☐ No ☐ N/A

iv. If yes, note circumstances and conclusions. _____

E. Does the grantee have a map indicating?

i. The target area boundaries? ☐ Yes ☐ No ☐ N/A

ii. Houses rehabilitated? ☐ Yes ☐ No ☐ N/A

iii. Level of HQS rehabilitation? ☐ Yes ☐ No ☐ N/A

F. Were any units addressed outside of the target area? ☐ Yes ☐ No ☐ N/A

i. If yes, how many? _____

ii. Total rehab, demolition, and/or down payment assistance costs expended outside of the target area? _____

iii. Is this amount under the 20% limit? ☐ Yes ☐ No ☐ N/A

G. How many homes were rehabilitated to DED's Health and Safety Standards? _____

i. What was the total Health and Safety rehab cost? _____

i. Is this amount under the 20% limit? ☐ Yes ☐ No ☐ N/A

H. Has the grantee adopted housing rehabilitation guidelines? ☐ Yes ☐ No ☐ N/A

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- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| i. Were they distributed to the rehab beneficiaries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. Doe the guidelines contain a grievance procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| I. Did the grantee rehabilitate any vacant houses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| i. If yes, are they currently LMI occupied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| J. Does the grantee's project log include: | | | |
| i. Name of household? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. Three income categories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iii. Occupancy info (owner or renter)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iv. Project completion date? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| v. CDBG activity completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| vi. Above data for applicants who were not selected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

2. RENTAL HOUSING

- | | House # ____ | House # ____ | House # ____ |
|--|--------------|--------------|--------------|
| | Yes, No, N/A | Yes, No, N/A | Yes, No, N/A |
| A. Landlord Payment? | \$ ____ | \$ ____ | \$ ____ |
| B. Total amount of contract: | \$ ____ | \$ ____ | \$ ____ |
| C. Did non-LMI landlord provide 25% of the rehabilitation costs? | _____ | _____ | _____ |
| D. Was there a signed rent freeze agreement? | _____ | _____ | _____ |
| E. Number of bedrooms in the rental unit? | _____ | _____ | _____ |
| F. Amount of applicable FMR? | _____ | _____ | _____ |
| G. Is rent in rent freeze agreement less than FMR? | _____ | _____ | _____ |

Note: FMR includes the rent plus utilities or an adopted utility allowance amount. Therefore, the FMR must be compared against the amount of rent in the rent freeze agreement plus the average monthly utility cost or the adopted utility allowance amount.

3. HOUSING ACTIVITIES

- | | House # ____ | House # ____ | House # ____ |
|---|--------------|--------------|--------------|
| | Yes, No, N/A | Yes, No, N/A | Yes, No, N/A |
| A. Is there a signed application o file? | _____ | _____ | _____ |
| B. Is there documentation and verification that the tenant and landlord are LMI? | _____ | _____ | _____ |
| C. Are beneficiary household characteristics in the file? | _____ | _____ | _____ |
| D. Is there proof of ownership in the file? | _____ | _____ | _____ |
| E. Is the Historic Preservation Clearance complete? | _____ | _____ | _____ |
| F. Is there a preliminary deficiency list? | _____ | _____ | _____ |
| G. Is there an inspector's cost estimate? | _____ | _____ | _____ |
| H. Do cost estimates provide proof of rehab feasibility? | _____ | _____ | _____ |
| I. Do bid, contract specifications, change orders, and general conditions indicate: | _____ | _____ | _____ |
| i. Quantity of materials? | _____ | _____ | _____ |

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ii. Location of work in house?	<hr/>	<hr/>	<hr/>
iii. Quality of materials used?	<hr/>	<hr/>	<hr/>
iv. Installation methods?	<hr/>	<hr/>	<hr/>
J. Does grantee have a general conditions and/or performance manual for contractors?	<hr/>	<hr/>	<hr/>
K. Does the rehabilitation contract include:			
i. Section 3 Certification	<hr/>	<hr/>	<hr/>
ii. Section 503	<hr/>	<hr/>	<hr/>
iii. Section 504	<hr/>	<hr/>	<hr/>
iv. Section 109	<hr/>	<hr/>	<hr/>
v. Executive Order 11063	<hr/>	<hr/>	<hr/>
vi. Executive Order 11246 (over \$10,000)	<hr/>	<hr/>	<hr/>
vii. Affirmative Action Plan	<hr/>	<hr/>	<hr/>
viii. Age Discrimination Act of 1975	<hr/>	<hr/>	<hr/>
L. Is proof of the contractor's worker's compensation insurance in the file?	<hr/>	<hr/>	<hr/>
If not, specify exemption:	<hr/>	<hr/>	<hr/>
M. Are all contracts signed by:			
i. The owner?	<hr/>	<hr/>	<hr/>
ii. The contractor?	<hr/>	<hr/>	<hr/>
iii. The grantee?	<hr/>	<hr/>	<hr/>
N. Are change orders signed by:			
i. The owner?	<hr/>	<hr/>	<hr/>
ii. The contractor?	<hr/>	<hr/>	<hr/>
iii. The grantee?	<hr/>	<hr/>	<hr/>
O. Are lien waivers signed and notarized by the general contractor, all subcontractors, material suppliers, and employees?	<hr/>	<hr/>	<hr/>
P. Is the Certificate of Completion/Final Inspection signed by the homeowner, inspector, and grantee?	<hr/>	<hr/>	<hr/>
Q. Does the file contain documentation indicating that the termite treatment was applied by a licensed commercial applicator?	<hr/>	<hr/>	<hr/>
4. SITE INSPECTION	House # ____	House # ____	House # ____
	Yes, No, N/A	Yes, No, N/A	Yes, No, N/A
A. Is the tenant/owner satisfied with the work completed on the house?	<hr/>	<hr/>	<hr/>
B. Are the premises free from rubbish and debris left by the owner or contractor?	<hr/>	<hr/>	<hr/>
C. Does the house comply with DED's Health and Safety Standards?	<hr/>	<hr/>	<hr/>

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If not, list which specifications were not satisfactorily completed and list which Health and Safety Standards were not addressed: _____

D. Does the house comply with DED's livability standards? _____

If not, list which specifications were not satisfactorily completed and list which Health and Safety Standards were not addressed: _____

5. LEAD-BASED PAINT

House # _____	House # _____	House # _____
Yes, No, N/A	Yes, No, N/A	Yes, No, N/A

A. Does the contract:

- i. Prohibit the use of lead paint? _____
- ii. Include OSHA provisions? _____

B. Did grantee provide the lead-based paint brochure to:

- i. Owner?
 - a. Hand delivered/signed receipt? _____
 - b. Certified mail receipt? _____
- ii. Tenant?
 - a. Hand delivered/signed receipt? _____
 - b. Certified mail receipt? _____

C. Has a licensed lead risk assessor been procured? _____

D. Is a copy of the risk assessment report in the file? _____

E. Did the risk assessor collaborate with the HQS inspector to develop the work specification to address the lead hazards that were identified (review specifications)? _____

F. Were occupant protection measures included in the work specifications? (i.e., containment or relocations?) _____

G. Were HUD lead safe work practices included in the work specifications? _____

H. If applicable, were OSHA employee protections included in the work specifications (e.g., use of respirators and/or protective clothing)? _____

I. Was lead interim control or abatement work required beyond the scope of the work coincidental to the rehabilitation work? _____

J. If so, were licensed lead personnel used for any interim control or abatement activities beyond the scope of the work coincidental to the rehab work? _____

- i. Licensed lead contractor? _____
- ii. Licensed lead supervisor? _____
- iii. Licensed lead worker? _____

K. If a child in the house has an elevated blood level, do the _____

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specifications require abatement?

L. Did the risk assessor clearance test meet DHSS clearance standards?			
M. Was more than \$6,000 expended on lead activity on any unit?			
N. Notice Requirements:			
i. Were copies of the EPA brochure "Protect Your Family From Lead in Your Home" provided to each owner and tenant whose dwelling was rehabilitated?			
ii. Were copies of the lead risk assessment report or evaluation of the presumption of lead provided to the owners and tenants whose dwelling were rehabilitated within 15 calendar days of the completion of the lead evaluation or presumption?			
iii. Were copies of the lead risk assessment report, inclusive of the clearance tests, provided to the owners and tenants whose dwellings were rehabilitated within 15 calendar days of the completion of the lead reduction activities?			
O. Were any occupants required to be temporarily relocated during the lead reduction activities?			
P. Were they temporarily relocated to a lead free unit?			
Q. Were EBL children under age six in any rehabilitated units?			
i. Were their EBL status reported to the local health department within 5 working days of their determination of their EBL status?			
ii. Were the EBL status verified with the local health department?			
iii. Were risk assessments conducted within 15 days of the EBL verifications?			
iv. Were lead reduction activities conducted within 30 days of receipt of the risk assessment report?			
v. Were risk assessment reports, inclusive of clearance test results, provided to the owner and/or tenant within 15 days of the completion of the lead reduction activities?			

COMMENTS: _____

6. SUPPORTIVE SERVICES, JOB TRAINING, AND HOMEOWNERSHIP

A. Is there documentation that the required supportive services were provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Home Maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Financial Budgeting/Counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If no, please explain. _____ _____			
B. How many households attended or directly received:			
Home Maintenance? _____			
Financial Budgeting/Counseling? _____			
C. How many rehab beneficiary households attended or received:			

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Home Maintenance? _____

Financial Budgeting/Counseling? _____

D. Total number of households that received rehabilitation assistance? _____

E. Was there documentation of indirect supportive services provided to the target area? ☐ Yes ☐ No ☐ N/A

Specify the supportive service that was provided (i.e., crime watch): _____

F. Job Training:

i. Was documentation in the files to show that the trainer was qualified? ☐ Yes ☐ No ☐ N/A

ii. Was more than \$5,000 per trainee expended for any rehab training activity? ☐ Yes ☐ No ☐ N/A

iii. Where any training beneficiaries Section 3 qualified? ☐ Yes ☐ No ☐ N/A

iv. Were training activities held in the jurisdiction of the grantee? ☐ Yes ☐ No ☐ N/A

v. Were all persons attending the training for the Private Industry Council (PIC) service area? ☐ Yes ☐ No ☐ N/A

vi. How many LMI persons received job training during this project? _____

7. HOMEOWNERSHIP ASSISTANCE PROGRAMS:

A. Was documentation available to demonstrate that persons receiving homeownership assistance or new construction downpayment assistance did not own a home during the past three years? ☐ Yes ☐ No ☐ N/A

B. Was more than \$5,000 per household expended for existing homeownership assistance? ☐ Yes ☐ No ☐ N/A

C. Was more than \$15,000 expended on any new construction assistance? ☐ Yes ☐ No ☐ N/A

D. Did homeownership assistance exceed more than 50% of the down payment costs on any new or existing house? ☐ Yes ☐ No ☐ N/A

E. Was homeownership assistance used:

i. To pay up to 100% of the closing costs, and/or ☐ Yes ☐ No ☐ N/A

ii. Not more than 50% of the downpayment, and/or ☐ Yes ☐ No ☐ N/A

iii. Reduce or pay interest costs, and/or ☐ Yes ☐ No ☐ N/A

iv. Pay down the principal? ☐ Yes ☐ No ☐ N/A

8. Is the grantee's file for this compliance area complete? ☐ Yes ☐ No ☐ N/A

COMMENTS: _____

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Lead Risk Assessment

Name	Address	Date of Initial Lead Risk Assessment	Cost of Initial Risk Assessment	Date of Payment of Initial Risk Assessment	Date of Final Lead Risk Assessment	Cost of Final Lead Risk Assessment	Payment Date of Final Lead Risk Assessment	Total Lead Risk Assessment Cost for Unit
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								